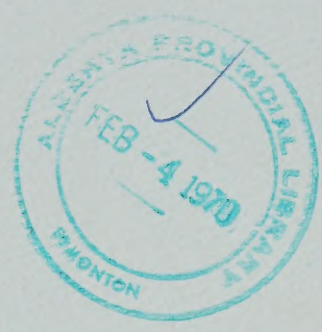


CA2 ALU 50
A56
1968

LIBRARY
VAULT 9

ALBERTA LEGISLATURE LIBRARY
3 3398 00486 1299

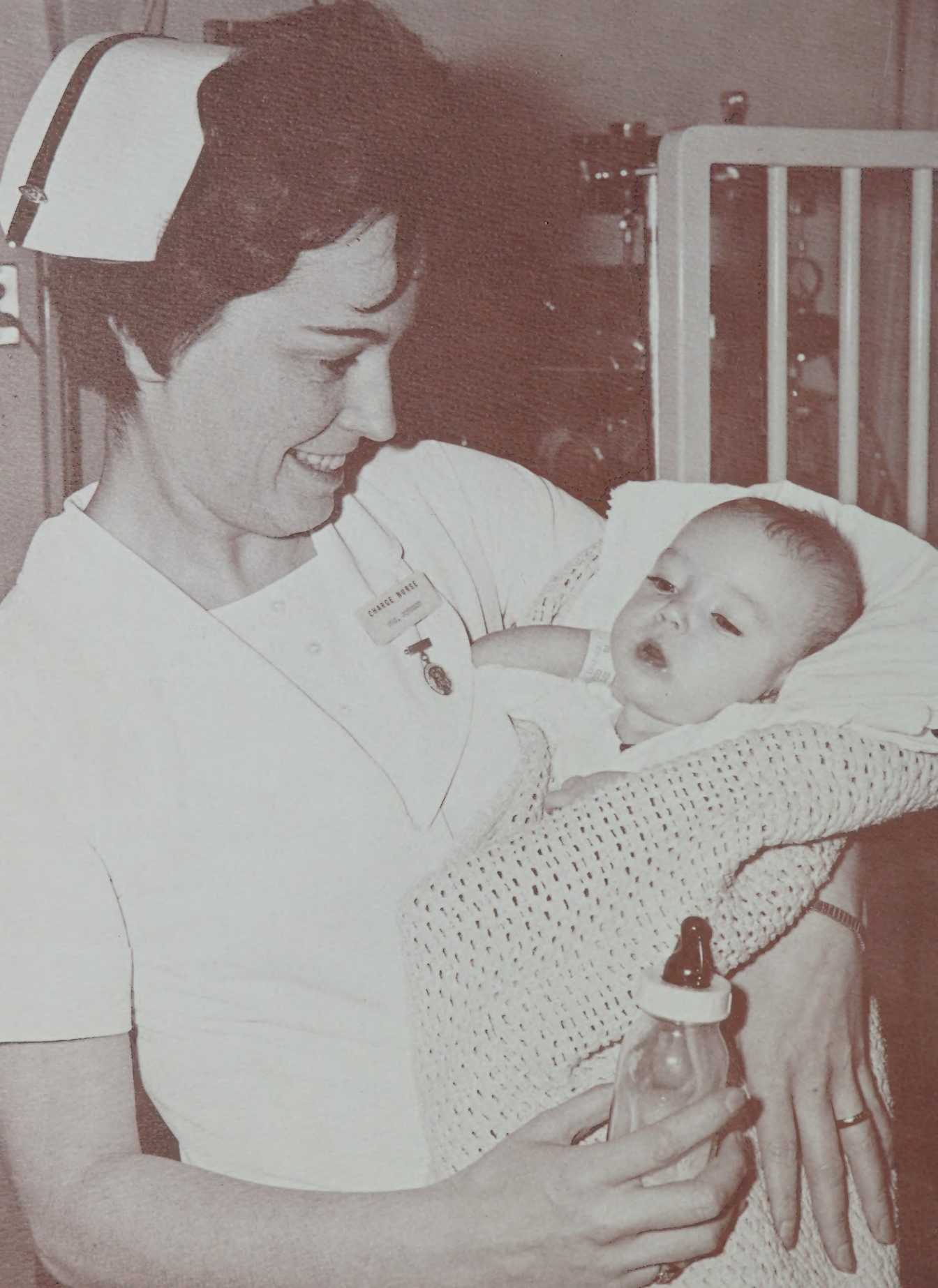
UNIVERSITY OF ALBERTA HOSPITAL



ANNUAL REPORT 1968

LIBRARY
VAULT 10





BOARD OF GOVERNORS



G. K. WYNN
Chairman



E. A. D. McCUAIG



MRS. W. F. BOWKER



E. A. CHRISTENSON



DR. J. E. YOUNG



K. J. HAWKINS



M. ROGER PARKER



DR. W. JOHNS



DR. W. C. MacKENZIE

EXECUTIVE DIRECTOR



DR. B. SNELL

EXECUTIVE STAFF



G. C. SHERWOOD
Business Administrator



DR. J. G. READ
Medical Director



MISS M. G. PURCELL
Director of Nursing

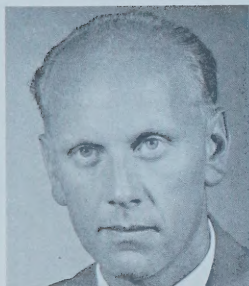


R. K. LARSEN
Director of Manpower



J. R. NEWHOUSE
Director of Finance

REPORT OF THE EXECUTIVE DIRECTOR



DR. B. SNELL

The year 1968 was one of continued growth and development for the University Hospital. It contained many satisfactions and some frustrations for the Administration and staff. The greatest concern related to the continuing severe shortage of cash for the operation of the hospital. This has been referred to in some detail in the Report of the Director of Finance. The shortage of cash for hospital operation has become a chronic problem and one which the University Hospital shares with other large teaching hospitals. It is a problem for which a solution must be found if the hospital is to continue to play its proper role as the clinical core of the Health Sciences Centre.

During the year the plans for the Health Sciences Centre were approved by the Provincial Executive Council with specific approval for the hospital components to be planned and constructed in a phased program covering an eight-year period. The Administration, Medical Staff and others have since been involved with the Planning Co-ordinator and Architect in the development of detailed plans. These are scheduled to be completed so that the construction can commence early in 1971.

The acute shortage of professional nursing staff, which was experienced in 1967, was alleviated in 1968. The recommendations of the Kates, Peat, Marwick Report on the study of the nursing shortage, which had been submitted in November 1967, were implemented to a considerable degree during 1968, with resulting improvement in both nursing morale and recruitment.

The firm of Kates, Peat, Marwick also submitted a report on an Organization Study which had been carried out for the Hospital Board. Their recommendations were approved, and during the year some of them were implemented, although full implementation of the recommendations will take two more years.

STAFF CHANGES

A number of additions to the senior staff of the hospital were effected during 1968 as a direct result of the Organizational Study. Included amongst these were the appointment of Dr. Donald Fenna as Director of Computing Services. This is a shared appointment with the University of Alberta Faculty of Medicine. Dr. Fenna was previously Deputy Assistant Post Master General of Australia, where he had been responsible for the computerization of communication systems on that continent. Mr. J. R. Newhouse was appointed to the position of Director of Finance and Mr. R. K. Larsen to the position of Director of Manpower. Both of these officers come to the University Hospital with a wide experience in industry in their respective fields.

DAY CARE CENTRE

The utilization of this centre increased slowly during 1968 but by the end of the year it was serving the needs of children of a relatively large number of employees of the hospital. Only a few of these however, were the children of nursing staff. The revenue from the operation of the Day Care Centre continued to be less than the cost. However the value of the Day Care Centre to the staff of the hospital is such that the Board continues to support its activities, recognizing that such services cannot be expected to operate at a profit, and must always be subsidized.

ORGAN TRANSPLANTATION PROGRAM

Although renal transplantation has been carried out in the University Hospital for several years and the resources to carry out other organ transplantation exist in the hospital, the Medical Staff decided not to embark upon a program of cardiac transplantation in 1968 because of the very serious problems of rejection. In order to overcome these problems, recommendations were made to the Board that a Transplant Immunology Laboratory be established which would develop and apply means to prevent or threat the rejection phenomena. The Board approved these recommendations in October and authorized the Administration to approach the Provincial Government for financial support. It is hoped that this program will be instituted in 1969.

Many other projects commenced or continued in 1968. These are referred to in detail in the departmental reports which are printed as a companion volume to this report.

My report would be incomplete without reference to the tremendous help that I have received from the staff of the hospital, the medical staff, and particularly from my administrative associates. The continued co-operation of the Administration of the Medical School has enabled us to make good progress in many joint activities and projects. The leadership of the Hospital Board and the time which each Board Member has given to the hospital have made the work of the Administration a great deal easier.

REPORT OF THE BUSINESS ADMINISTRATOR



MR. G. C. SHERWOOD

Operating costs of the University of Alberta Hospital during the year 1968 amounted to \$15,500,500 compared to \$13,162,600 in the previous year. This represents an increase of 17.7% which in turn compares to an increase of 16.8% for the year 1967 over 1966. A continuation of this rate of increase will see the operating costs of this hospital more than double in five years and triple themselves in seven years. Because of the alarming significance of this fact, it seems appropriate to make some brief review with the immediate past at this time.

The year 1959 represents the hospital's first full year of operation under the Alberta Hospitalization Benefits Plan and also the first year that the hospital's fiscal year related to the calendar year. For these reasons I have selected for comparison certain gross figures for the years 1959, 1963 and 1968. The reader is cautioned to appreciate that a considerable part of the cost increases indicated by these figures relates to an increasing productivity factor within the total institution, resulting from the opening of the Clinical Services Wing in the year 1960. Following the opening of this facility the hospital embarked on a number of renovation programs which brought about expansion of other facilities with some slight increase in the number of patient beds.

	1959	1963	Increase Over 1959	1968	Increase Over 1963	Increase Over 1959
Payroll	4,009,000	5,790,100	44.4%	11,451,400	97.7%	185.6%
Food & Dietary Supplies	501,417	516,200	2.9%	621,600	20.4%	23.9%
Medical Supplies	826,445	1,097,400	32.7%	2,509,600	128.6%	203.6%
Plant Maintenance	313,725	333,900	6.4%	411,600	23.2%	31.1%
All Other	134,240	267,200	99.0%	506,300	89.4%	277.1%
	5,784,827	8,004,800	38.3%	15,500,500	93.6%	167.9%

In order to appreciate any significance in these figures as a comparison of the present to the past, it is felt reasonable to assume that the increases which occurred in the expense areas of Food and Dietary Supplies and Plant Maintenance can serve as indicators of the comparable increases in staff and patient population and the relative increase in the size of the physical plant. It is of further interest to know that in the year 1959 the ratio of salary costs to total costs was 69.3% whereas in 1963 this ratio increased to 72.3% and in 1968 to 73.8% of total expenditures. The figures as a whole tend to emphasize the significance of the increasing cost of salaries and wages on the total hospital budget and this more in relation to general salary increases rather than to significant increases in the number of personnel employed.

With the very high proportion of the hospital's budget related to the cost of salaries and wages, there seems to be no way of predicting any immediate improvement in the situation unless some means is found of stabilizing wages in the community and in the nation as a whole. Hospital employees generally have only recently asserted themselves through the medium of collective bargaining and apparently do not yet feel they have reached their proper relative position in the communities' general standard of living.



REPORT OF THE MEDICAL DIRECTOR



DR. J. G. READ

It is always difficult after reviewing the detailed Annual Departmental Reports of the Hospital's Medical Division, to justly summarize the contributions of all of the members of these Departments to the three main functions of the University Hospital—patient care, teaching, and research.

However, an overall summary of some of the statistics will provide some insight into the productivity of 1968. In this year, in addition to caring for patients through 324,070 patient days, the Medical Staff provided undergraduate teaching to approximately 174 Medical Students within the Hospital, graduate training to 179 Interns and Residents (along with contributions to the education of numerous other health personnel), published or presented approximately 380 papers, received approximately 108 awards or honors, and initiated, carried on, or completed approximately 152 clinical research projects.

A further summary of statistics notes that the Medical Staff increased by ten Active Staff, four Consulting Staff, one Courtesy Staff, and one Scientific and Research Associate. In addition, there were two transfers, one to Consulting Staff and one to Courtesy Staff. Twenty-one physicians were given Superintendent's Privileges (temporary privileges), and there were seven retirements and seven resignations from staff. By the year's end, this represented approximately 149 Active Staff, 40 Courtesy Staff, 21 Consulting Staff, 6 Honorary Staff, 15 Scientific and Research Associates, and 26 physicians with Superintendent's Privileges for a total of 258.

The House Staff establishment increased by 14 in 1968 with the average number of staff during the year being approximately 28 Interns, and 175 Senior House Staff (including Clinical Assistants), with secondments to other hospitals representing the equivalent of approximately 21 full-time House Staff.

To review in detail the ever-increasing activity of all Departments would only duplicate Departmental Reports but significant areas should be highlighted.

Growing demands in all areas, patient care, education, and research have had different impacts within different Departments. The potential contribution of the Department of Physical Medicine and Rehabilitation is becoming more and more valued by staff physicians who are utilizing its skills more extensively, which however, highlights the shortage of physiatrists in a highly competitive market. The growth of Emergency Department visits has been handled by Resident coverage, salaried physician coverage, and planned expansion of facilities, (expanding into the gradually decreasing Outpatient Department area). In Radiology, expansion has been recognized already by physical renovation and hopefully the Department will soon take outpatients again without the necessity of appointments. In the Department of Clinical Laboratories, tests for patients have been restricted by scheduling their availability in a number of areas. In this line, Anaesthesia notes that it has conscientiously restricted expansion of capital equipment to essentials, but that some of their equipment is beginning to fall into the realm of obsolete material. The frustration and expressions of these latter two departments have reflected a general feeling of concern in many areas about equipment and facilities.

In Paediatrics, the premature nursery (now functioning essentially as a neonatal intensive care unit), receives a great many of its patients from other hospitals and these infants, in most cases, are extremely sick. In spite of a tremendous burden on this area, the mortality of these sick infants has been steadily dropping, but adequate equipment, space, and highly trained personnel will be necessary to maintain this improvement.

In the area of growing demands for research resources, the Special Services and Research Committee continues to play an extremely important role in coordinating the research efforts put forward by a Medical Staff often faced with limited time for this activity.

In the latter half of 1968, the Utilization Committee warrants particular commendation under the chairmanship of Dr. Wensel, having reviewed many areas such as Paediatrics, Gynaecology, and use of the Mewburn Pavilion.

A new Director of Medical Records, Mr. R. G. Sockett, was appointed in September and since that time a number of improvements have been introduced in the Medical Records Department. Steps are being taken to eliminate the backlog of transcription of discharge summaries. The possibility of placing dictating facilities on the wards is being investigated but to date the experience of other hospitals using such a system has not provided justification for conversion. A unified numbering and unified charting system is also being reviewed in detail.

Pharmacy has expanded its data processing utilization to provide more effective control and information on various categories of drugs.

The introduction of a pre-admission system has improved the documentation procedures in the Admitting Department, thereby reducing patient delays upon arrival.

The University Hospital is in a somewhat unique position concerning its role in patient care, as it must accept according to the Acts it operates under and more importantly, according to its moral obligations, all patients who come to its doors. Once patients have been treated, and have utilized the facilities and personnel of the University Hospital, they may often be looked after more readily, and certainly more efficiently, in other institutions within the community. However, because of shortages of other facilities, and other institutional policies, it is not always easy to transfer such patients. Last year, the University Hospital lost the equivalent of 16.3 patient beds for one full year, to patients awaiting admission to auxiliary hospitals, and the equivalent of 3.7 beds for one year to patients awaiting admission to nursing homes. This represented a total of approximately 7,300 patient bed days of acute care lost to the community.

Twice in 1968, the Department of Clinical Laboratories, as already noted, has had to ask the Medical Staff to restrict their utilization of laboratory tests for patients, because of inability to meet the ever-increasing volume of load in this area, meanwhile hoping that approval would come forth for installation of automated laboratory facilities which would solve a major portion of this problem.

The Benson Report, presented by a team asked to study the relationship of Clinical Laboratories with the University Hospital, has been reviewed by Hospital and Medical Staff involved and their recommendations on the Benson Report have been accepted by the Hospital Board. This will establish clearer cut lines of relationships in the future between clinical laboratories, the Department of Clinical Laboratories, endocrinology labs, etc. This report has placed an emphasis on the growing need for joint appointments of Medical Staff, ward laboratories, the creation of a Hospital Department of Microbiology, and closer liaison of the laboratory and clinical aspects of Endocrinology.

At the end of 1968, plans were well under way for such projects as expansion and renovation of the Emergency Department, creation of a permanent Intensive Care Unit on Station 42, expansion of cardiac catheterization facilities, and installation of Emergency Department x-ray facilities, which will all hopefully soon receive government support in view of the strain which lack of these facilities is now placing on the ability of the Medical Staff to provide the type of care they feel should be given to patients at the hospital.

Nineteen sixty-eight was the University Hospital's year for an accreditation survey. Again the University Hospital received full accreditation status.

The entire Medical Staff organization has been under review for some time. The almost completed By-Laws revision has attempted to incorporate the following objectives in their revision:

1. To streamline organizational structure of the Medical Staff with emphasis on combining the main components of the bicameral structure that presently exists.
2. To reduce committee work (but recognizing that a certain amount of this is necessary), to spread it out amongst more members of the staff than presently are involved.
3. To assure an adequate balance of appointed and elected members of the Medical Staff in Medical Staff government.
4. To spell out more adequately the question of privileges, loss of privileges, and appeal procedures for the protection of the Hospital, Medical Staff as a whole, and the individual physician.
5. To emphasize the importance of highly departmentalized medical functioning.
6. To assure some flexibility of change within the Medical Staff organization without having to change the By-Laws constantly.

In 1968 Mr. D. Mitchell was appointed as Assistant to the Medical Director. Over the year of 1968 Mr. Mitchell has contributed greatly to the management particularly of non-medical Departments under the Medical Director, along with many of the miscellaneous administrative tasks which revolve around the medical and paramedical aspects of the Hospital. Without his assistance many improvements would have been placed to one side, in meeting the daily demands of clinical and non-clinical departments. It should be noted that his function has been enhanced by the contribution of Administrative Assistants in some of the clinical departments, whose marked worth has become obvious in a relatively short period of time.

For approximately half of the year 1968, the Medical Staff Newsletter was circulated monthly, and it appears that it is fulfilling an obvious gap in Medical communications and has been received with enthusiasm by members of the Medical Staff.

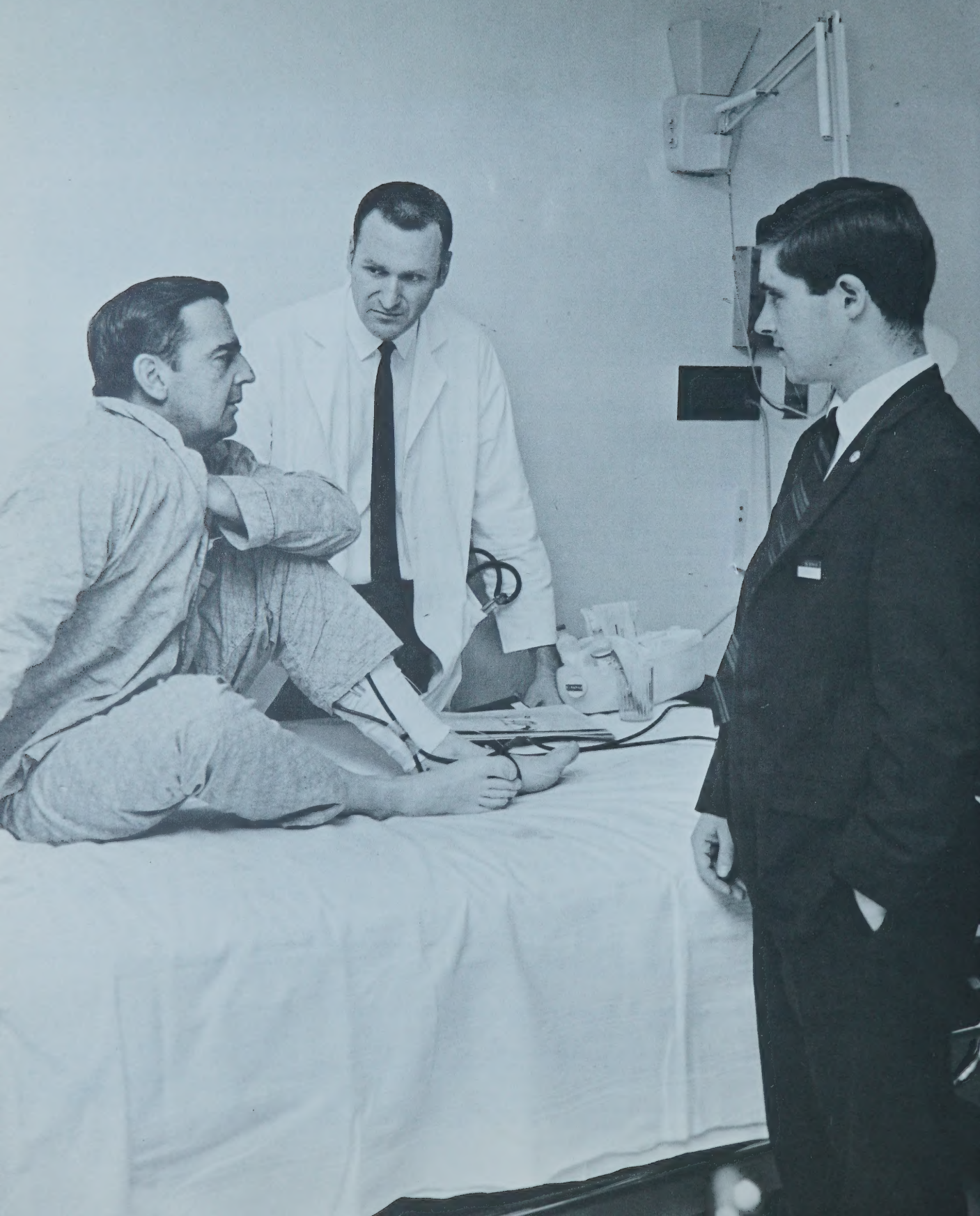
As the amount of administrative work steadily grows in regard to Medical Staff government, it was recognized that the Executive Committee of the Medical Staff required secretarial assistance, particularly for the handling of the many details of the Medical Staff Academic Fund. The Executive Committee has been most kind in paying for the services of such a secretary, whose worth has been amply demonstrated since her hire, and this is most appreciated by the Medical Director's office.

As time passes, so do many of the Hospital's problems to be replaced with new developments. Some of the major problems represent a challenge to many personnel within the Hospital, and thus may eventually appear as suggested agenda items for Joint Conference Committee meetings. These are a broad range of topics, often going beyond the realm of medicine per se. Examples of these are:

1. The roles and responsibilities of doctors and nurses regarding conflict over orders.
2. Acceptable criteria for death.
3. Reaction of the clinical responsible physicians towards restraints imposed by the Department of Clinical Laboratories because of limited resources.
4. Increasing utilization of drugs.
5. Implications on the University Hospital of clinical research within the Hospital setting.
6. Implications on the quality of patient care because of the presence of Resident training with graduated responsibility within the Hospital.
7. Medical Staff communications.
8. Public relations with regard to the Hospital and the Medical Staff's impact on each other.

CONCLUSION

During the year 1968 numerous frustrations were experienced by the Medical Staff, often centered on concern that plans for the Health Sciences Centre would not proceed, recognizing that the future plans, desires, and hopes of most individuals and departments had been pinned to this development, and committed to its success. However, this concern was alleviated by the year's end with considerable appreciation by the Medical Staff, and I wish to thank the staff for continuous support and assistance in meeting their commitments throughout this waiting period. It is evident that the Provincial Government's commitment, at the year's end, to the Centre will form the foundation for a very optimistic entry into 1969.



REPORT OF THE DIRECTOR OF NURSING



MISS M. G. PURCELL

The Nursing Department was actively engaged in studying ways and means of providing more effective nursing care.

The Activity Study of Nursing Functions, as recommended by the firm of Kates, Peat, Marwick, was of major significance. The study was completed and the recommendations have resulted in the development of the Unit Management concept. Major revisions in patient care plans and the charting systems have also been carried out.

A detailed study of staffing establishments on several nursing units was carried out, and team nursing effectiveness has been reviewed.

In the Paediatric Department, the play programme was reorganized, and orientation for volunteers was strengthened.

A review of the patient care services to patients scheduled for x-ray examination has improved relationship between the X-Ray Department and the Nursing Department.

The utilization of part-time staff and the Nursing Reserve was studied to provide more adequate coverage for constant care and sick-time relief.

NURSING SERVICE

The medical services in the Mewburn Pavilion were reorganized and the one closed nursing unit was opened.

The intensive care unit was opened in Neurosurgery.

The availability of professional personnel improved significantly. There were twenty-one general duty nurses, five certified nursing aides, and seven nursing orderlies added to the nursing establishment. The Nursing Reserve members provided the equivalent of forty-seven full-time staff.

Two unit supervisors were appointed to patient care units.

The nursing staff turnover rate was as follows:

General Duty Nurses—full time	64 %
Nursing Officers	41 %
Charge Nurses	25 %
Assistant Charge Nurses	38 %
Certified Nursing Aides	60 %

Inservice education programmes were carried on in all services.

The supervisory training programme was instituted; and workshops were provided for newly appointed charge nurses.

Postgraduate clinical courses were provided in — Operating Room Technique and Management, for seventeen students, and in Cardiovascular Nursing, for twelve students.

There were fourteen staff members on leave of absence for university study, and thirty-two members attended educational workshops and institutes.

THE SCHOOL OF NURSING

One hundred and twenty students enrolled in the September class.

One hundred and thirty-eight students graduated in the two classes.

The attrition rate for the February class was 23 %

The attrition rate for the September class was 18 %

There were thirteen withdrawals from the school.

The proposed integrated programme was approved and instituted for the September 1971 class. Approval was granted to establish the ratio of one instructor to eight students in the junior year.

REPORT OF THE DIRECTOR OF FINANCE



MR. J. R. NEWHOUSE

The most striking fact of our 1968 operation was the desperate shortage of cash. By the end of 1968 we were operating with a bank loan of close to \$1,500,000.

When the results of collective bargaining for 1969 are settled, with the expected retroactive adjustments to January 1, we can expect a further increase in our loan of close to \$2,000,000. If a physician examined our financial state of health, he would prescribe a transfusion of money.

In the 1966 Annual Report Mr. George C. Sherwood foresaw this dilemma. He said, "With its continually accelerating role as a special service, teaching and research institution, it seems imperative to indicate at this time that, probably commencing with the year 1966 the University of Alberta Hospital can no longer be expected to finance its operation completely within the framework of the Alberta Hospitalization Benefits Plan. Other means of support must become available to this hospital. The concept of its role in the developing University of Alberta Health Sciences Centre—a role which it is already playing to a very large degree—dictates this as an absolute necessity".

The "absolute necessity" of other means of support is even more evident today!

Our deficit for 1968 of \$1,465,205 has been partly reduced by a payment from the Alberta Hospitalization Benefits Plan of \$471,725. This payment covered certain nursing and medical education costs.

The Hospital Board and the administration of this hospital are sensitive of the need to control the spiralling hospital costs. By comparison to other hospitals of similar size and facilities, they have done a remarkable job. Unfortunately the area of control which can be exercised in this fashion is limited. Salaries and wages represent 73% of our budget. The majority of these costs are settled by collective bargaining procedures. The cost of other supplies and services are increasing in line with all industries. This leaves us with only two alternatives:

1. Restrict the patient care. This could be done by refusing to admit certain patients or by reducing the service to certain patients. Neither alternative is acceptable to this administration.
2. Devise an adequate payment formula for the University Hospital. This payment formula could be devised in several ways:
 - (a) Provide a grant to the University Hospital in keeping with the costs of other major teaching hospitals in Canada. These figures are readily available.
 - (b) Provide funds to the University Hospital on the basis of an annual approved budget.
 - (c) Provide additional funds to the University Hospital for all special services and education costs. A step has been made in this direction by payment in 1968 of certain educational costs and by payment for certain unique services. Payments in this area, however, have not covered the total costs in this area. This system of reimbursement would require very detailed analysis of overhead costs attributable to each cost center.

We are confident that some satisfactory solution to financing of the University Hospital will be found.

FINANCIAL REPORT

REVENUES:

Alberta Hospitalization Benefits Plan	\$12,598,200
Government of Canada	286,800
Patients and their Paying Agencies	2,615,500
	\$15,500,500

EXPENDITURES:

Salaries	\$11,451,400
Food and Dietary Supplies	621,600
Drugs and Medical Supplies	2,509,600
Maintenance of Buildings and Equipment	411,600
All Others	506,300
	\$15,500,500

PRINCIPAL ASSETS:

Inventories	\$ 520,400
Accounts Receivable	4,030,300
Land, Buildings and Equipment	21,879,000

CURRENT LIABILITIES:

Loans	\$ 1,470,000
Accounts Payable	498,600
Advances from Alberta Hospitalization Benefits Plan	876,186

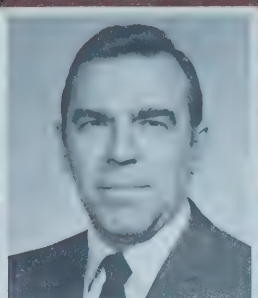
SOURCES OF CAPITAL FUNDS:

Government of Alberta	\$ 9,638,400
Federal Provincial Hospitalization Plan	9,225,600
University of Alberta Hospital	1,287,300
Government of Canada	686,700
Debenture Debt	514,900
Donations	477,500

SERVICE STATISTICS

	1963	1968
Admissions	22,934.	23,880.
Births	2,352.	2,322.
Emergency Visits	32,858.	56,571.
Outpatient Visits	25,493.	22,308.
Operations Performed	13,785.	19,953.
Meals Served	1,511,967.	1,524,624.
Pounds of Laundry Processed	4,624,730.	5,917,445.
X-Ray Examinations	47,840.	77,095.
Units of Laboratory Work	997,156.	2,407,579.
Physical Therapy Treatments	115,226.	121,368.
Occupational Therapy Treatments	18,765.	35,234.
Social Service Visits	8,155.	12,216.
Patients Visited by the Chaplains	709.	8,623.
Prescriptions	189,498.	295,000.





DR. A. M. EDWARDS
President, Medical Staff

MEDICAL

DEPARTMENT OF MEDICINE

Director, Dr. D. R. Wilson

Head of Division

Dr. R. S. Fraser—Cardiology
Dr. B. J. Sproule—Chest Disease
& Pulmonary Function
Dr. A. S. Little—(Acting)
—Clinical Haematology
Dr. P. L. Rentiers—Dermatology
Dr. M. Watanabe—Endocrinology &
Metabolism
Dr. R. W. Sherbaniuk (Acting)—
Gastroenterology
Dr. D. R. Wilson—Internal Medicine
Dr. R. A. Ulan (Acting)—Nephrology
Dr. G. Monckton—Neurology

Active Staff

Dr. David M. Bell
Dr. G. D. Brown
Dr. P. M. Crockford
Dr. E. F. Donald
Dr. J. Dvorkin
Dr. A. M. Edwards
Dr. J. F. Elliott
Dr. R. S. Fraser
Dr. S. Greenhill
Dr. F. A. Herbert
Dr. H. Jacobs
Dr. E. G. Kidd
Dr. S. K. Lee
Dr. A. S. Little
Dr. G. Monckton
Dr. P. L. Rentiers
Dr. F. B. Rodman
Dr. R. E. Rossall
Dr. J. W. Scott
Dr. R. W. Sherbaniuk
Dr. B. J. Sproule
Dr. R. F. Taylor
Dr. R. K. Thomson
Dr. R. A. Ulan
Dr. R. H. Wensel
Dr. D. R. Wilson
Dr. M. Watanabe

Courtesy Staff

Dr. T. H. Aaron (Internal Medicine)
Dr. G. I. Bell (Internal Medicine)
Dr. A. Cairns (Internal Medicine)
Dr. W. R. St. Clair (Internal Medicine)
Dr. R. H. Whiting (Internal Medicine)
Dr. M. K. Young (Internal Medicine)

Consulting Staff

Dr. J. A. Aylesworth (Tuberculosis)
Dr. G. H. Ball (Public Health)
Dr. A. N. Brinsmead (Admin. - D.V.A.)
Dr. M. M. Cantor (Medicine)
Dr. W. J. Downs (Tuberculosis)
Dr. J. A. L. Gilbert (Internal Medicine)
Dr. J. C. McPherson (Tuberculosis)
Dr. E. S. O. Smith (Public Health)
Dr. P. H. Sprague (Medicine)
Dr. H. H. Stephens (Tuberculosis)

Honorary Staff

Dr. G. R. Davison (Tuberculosis)
Dr. A. C. McGugan (Public Health &
(Administration)
Dr. R. M. Shaw (Medicine)

DEPARTMENT OF SURGERY

Director, Dr. R. A. L. Macbeth

Head of Division

Dr. R. A. L. Macbeth—General Surgery
Dr. T. J. Speakman—Neurosurgery
Dr. T. A. S. Boyd—Ophthalmology
Dr. O. Rostrop—Orthopaedic Surgery
Dr. K. A. C. Clarke—Otolaryngology
Dr. J. D. M. Alton—Plastic Surgery
Dr. J. C. Callaghan—Thoracic and Cardiac
Surgery
Dr. J. O. Metcalfe—Urology

Active Staff

Division of General Surgery

Dr. R. J. Johnston
Dr. S. Kling
Dr. R. A. L. Macbeth
Dr. A. B. McCarten
Dr. W. C. MacKenzie
Dr. B. Michalyszyn
Dr. P. A. Salmon
Dr. O. G. Thurston
Dr. F. W. Turner
Dr. H. T. G. Williams
Dr. G. L. Willox
Dr. T. S. Wilson
Dr. W. W. Yakimets

Division of Neurosurgery

Dr. P. B. R. Allen
Dr. G. K. Morton
Dr. T. J. Speakman
Dr. B. K. A. Weir

Division of Otolaryngology

Dr. K. A. C. Clarke
Dr. R. W. Mallen
Dr. P. T. Quinlan
Dr. T. C. Wilson

Division of Orthopaedic Surgery

Dr. G. W. Cameron
Dr. J. R. Huckell
Dr. D. C. Johnston
Dr. O. Rostrop
Dr. G. L. Wilson

Division of Ophthalmology

Dr. T. A. S. Boyd
Dr. D. T. R. Hassard
Dr. D. L. Rees

**Division of Thoracic and
Cardiac Surgery**

Dr. J. C. Callaghan
Dr. C. M. Couves
Dr. C. S. Dafoe
Dr. C. A. Ross
Dr. L. P. Sterns

Division of Urology

Dr. T. C. Eid
Dr. R. R. Francis
Dr. W. H. Lakey
Dr. J. O. Metcalfe

Division of Plastic Surgery

Dr. J. D. M. Alton
Dr. E. Hitchin
Dr. H. Shimizu

Courtesy Staff

Dr. E. S. Allin—General Surgery
Dr. W. S. Anderson—General Surgery
Dr. F. D. Conroy—Urology
Dr. F. G. Day—Orthopaedic Surgery
Dr. E. F. Foy—Ophthalmology
Dr. W. F. M. Hall—General Surgery
Dr. A. W. Hardy—General Surgery
Dr. R. S. Henderson—Orthopaedic Surgery
Dr. H. A. Hyde—General Surgery
Dr. W. A. Maclean—General Surgery
Dr. B. D. Margolus—General Surgery
Dr. H. Meltzer—Thoracic & Cardiac
Surgery
Dr. J. P. Moreau—Orthopaedic Surgery
Dr. A. Patrick—Ophthalmology
Dr. H. L. Richard—General Surgery
Dr. N. W. Woywitka—Ophthalmology

Consulting Staff

Dr. R. L. Anderson—General Surgery
Dr. W. S. Armstrong—Otolaryngology
Dr. K. Kowalewski—Experimental Surgery
Dr. M. M. Marshall—Ophthalmology

Honorary Staff

Dr. N. E. Alexander—General Surgery
Dr. H. H. Hepburn—Neurosurgery
Dr. R. G. Townsend—Orthopaedic Surgery

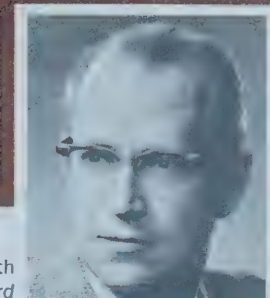
DEPARTMENT OF OBSTETRICS AND GYNAECOLOGY

Director, Dr. R. P. Beck

Active Staff

Dr. J. S. Barr
Dr. R. P. Beck
Dr. Donald M. Bell
Dr. L. B. Brown
Dr. J. Bugis
Dr. R. A. Day
Dr. D. L. Dunlop
Dr. W. F. Ferguson
Dr. W. D. Frew
Dr. R. H. Horner
Dr. M. M. Hutton
Dr. R. McBride
Dr. T. R. Nelson
Dr. D. W. J. Reid
Dr. D. C. Ritchie
Dr. J. R. Vant
Dr. Y. Yoneda

STAFF



DR. R. A. L. Macbeth
Chairman, Medical Advisory Board

Courtesy Staff

Dr. T. R. Clarke
Dr. R. J. Ostolosky
Dr. S. S. Parlee
Dr. E. B. Quehl

DEPARTMENT OF PAEDIATRICS

Director, Dr. J. K. Martin

Acting Director—Dr. W. C. Taylor

Active Staff

Dr. H. B. Armstrong
Dr. P. Bowen
Dr. J. Calder
Dr. N. F. Duncan
Dr. L. C. Grisdale
Dr. J. K. Martin
Dr. D. R. Shea
Dr. L. Stayura
Dr. W. C. Taylor
Dr. M. Tedeschini
Dr. P. F. Wilcock

Consulting Staff

Dr. D. B. Leitch
Dr. G. E. Swallow

Courtesy Staff

Dr. L. E. Beauchamp
Dr. G. J. Conradi
Dr. G. E. Eddy
Dr. T. A. Gander
Dr. E. W. Gauk
Dr. P. J. Kimmitt
Dr. R. Poirier
Dr. G. W. Selby
Dr. A. R. Stewart
Dr. S. J. Tkachyk

Outdoor Staff

Dr. J. C. Nelson

DEPARTMENT OF AMBULATORY CARE

Director, Dr. L. C. Grisdale

Active Staff

Dr. L. C. Grisdale
Dr. R. F. Taylor

DEPARTMENT OF PSYCHIATRY

Director, Dr. K. A. Yonge

Active Staff

Dr. H. M. Bacon
Dr. G. D. Carson
Dr. J. D. Earp

Dr. H. Fuerst
Dr. J. T. Gibbs
Dr. C. P. Hellon
Dr. D. O. C. Rapier
Dr. P. A. Roxburgh
Dr. S. S. Spaner
Dr. H. M. Wojcicki
Dr. K. A. Yonge

Courtesy Staff

Dr. H. M. Barker
Dr. H. Pascoe
Dr. F. Scott

Consulting Staff

Dr. J. Guild

DEPARTMENT OF PHYSICAL MEDICINE AND REHABILITATION

Director, Dr. J. B. Redford

Active Staff

Dr. J. B. Redford

Consulting Staff

Dr. J. R. Fowler
Dr. R. P. Bhala
Dr. B. H. Woodhead

DEPARTMENT OF ANAESTHESIA

Director, Dr. E. A. Gain

Active Staff

Dr. D. F. Cameron
Dr. C. D. Elton
Dr. E. A. Gain
Dr. J. M. Hagen
Dr. F. C. Haley
Dr. H. G. Haynes
Dr. W. D. Kyle
Dr. R. I. McCalla
Dr. J. D. McFarland
Dr. J. W. R. McIntyre
Dr. J. D. M. Miller
Dr. G. T. Moonie
Dr. S. G. Paletz
Dr. M. Rensaa

Courtesy Staff

Dr. Z. Hoar

DEPARTMENT OF PATHOLOGY

Director, Dr. J. W. Macgregor

Active Staff

Dr. G. O. Bain
Dr. T. A. Kasper
Dr. J. W. Macgregor
Dr. B. W. Mielke
Dr. T. K. Shnitka
Dr. R. J. Swallow

DEPARTMENT OF RADIOLOGY

Director, Dr. F. McConnell

Active Staff

Dr. J. E. Bachynski
Dr. L. B. Costopoulos
Dr. I. D. Hendin
Dr. C. E. Holmes
Dr. F. McConnell
Dr. J. D. R. Miller
Dr. W. R. Parker

DEPARTMENT OF CLINICAL LABORATORY SERVICES

Director, Dr. R. E. Bell

Head of Division

Dr. H. E. Bell—Biochemistry
Dr. R. E. Bell—Haematology
Dr. F. L. Jackson—Microbiology

Active Staff

Dr. H. E. Bell
Dr. R. E. Bell
Dr. D. I. Buchanan
Dr. J. R. Hill
Dr. F. L. Jackson

Consulting Staff

Dr. J. M. S. Dixon—Bacteriology

DEPARTMENT OF DENTISTRY

Director, Dr. H. R. MacLean

Active Staff

Dr. C. G. Duke
Dr. H. R. MacLean
Dr. P. D. MacRae
Dr. W. S. Murray
Dr. W. J. Simpson
Dr. M. G. Strelloff
Dr. R. S. Van Alstine

SCIENTIFIC AND RESEARCH ASSOCIATES

Dr. A. M. Bursewicz—Bacteriology
Dr. D. J. Campbell—Biochemistry
Dr. J. W. Carmichael—Bacteriology
Dr. H. B. Collier—Biochemistry
Dr. E. E. Daniel—Pharmacology
Dr. D. M. Fawcett—Medicine
Dr. C. Lee—Paediatrics
Dr. O. E. Z. Morgante—Virology
Dr. T. Nihei—Biochemistry
Dr. T. R. Overton—Radiology
Dr. J. C. Russell—Surgery
Dr. D. B. Scott—Radiology
Dr. R. S. Smith—Neurophysiology
Dr. S. Usiskin—Consultant Physicist
Dr. T. E. Weckowicz—Psychiatry

MEDICAL STAFF COMMITTEES

EXECUTIVE COMMITTEE

Dr. A. M. Edwards—President
Dr. D. L. Rees—Vice President
Dr. M. Tedeschini—Secretary
Dr. P. B. R. Allen
Dr. J. T. Gibbs
Dr. R. H. Wensel
Dr. W. H. Lakey
Dr. J. W. Macgregor—Ex Officio
Dr. Y. Yoneda—Ex Officio
Dr. J. G. Read—Ex Officio

MEDICAL ADVISORY BOARD

Dr. R. A. L. Macbeth—Chairman
Dr. L. C. Grisdale—Secretary
Dr. D. R. Wilson
Dr. R. P. Beck
Dr. J. K. Martin
Dr. K. A. Yonge
Dr. J. B. Redford
Dr. E. A. Gain
Dr. F. McConnell
Dr. J. W. Macgregor
Dr. R. E. Bell
Dr. H. R. MacLean
Dr. W. C. MacKenzie
Dr. A. M. Edwards
Dr. A. N. Brinsmead
Dr. J. G. Read
Dr. B. Snell
Dr. H. Jacobs (2 years)
Dr. F. W. Turner (2 years)

Dr. N. F. Duncan (1 year)
Dr. T. S. Wilson (1 year)

MEDICAL RECORDS COMMITTEE

Dr. Y. Yoneda—Chairman
Dr. P. A. Salmon
Dr. G. Goldsand

NUCLEUS OF THE HOUSE STAFF COMMITTEE

Dr. T. R. Nelson—Chairman
Dr. R. A. L. Macbeth
Dr. L. Stayura
Dr. J. T. Gibbs
Dr. P. M. Crockford

LIBRARY COMMITTEE

Dr. L. Stayura—Chairman
Dr. W. H. Lakey
Dr. J. R. Hill
Dr. M. Watanabe

PHARMACY AND THERAPEUTICS COMMITTEE

Dr. F. B. Rodman—Chairman
Dr. A. S. Little
Dr. J. W. R. McIntyre

MEDICAL AUDIT & TISSUE COMMITTEE

Dr. S. Kling—Chairman
Dr. L. B. Brown
Dr. J. W. Macgregor
Dr. R. A. Ulan

UTILIZATION COMMITTEE

Dr. R. H. Wensel—Chairman
Dr. M. Tedeschini
Dr. A. B. McCarten
Dr. Donald M. Bell
Dr. A. N. Brinsmead

OPERATING ROOM COMMITTEE

Dr. R. A. L. Macbeth—Chairman
Dr. R. P. Beck
Dr. E. A. Gain
Dr. O. Rostrup
Dr. T. S. Wilson
Mrs. M. Shewchuk
Dr. J. G. Read—Ex Officio

INFECTION COMMITTEE

Dr. T. S. Wilson—Chairman
Dr. F. L. Jackson

SPECIAL SERVICES AND RESEARCH COMMITTEE

Dr. W. C. MacKenzie—Chairman
Dr. R. E. Bell—Coordinator
Mr. J. R. Ellison—A/Secretary
Dr. D. R. Wilson
Dr. R. A. L. Macbeth
Dr. R. P. Beck
Dr. B. Snell
Dr. J. G. Read
Dr. A. M. Edwards
Dr. J. D. M. Alton

HOUSE STAFF

Clinical Assistants

Abdel-Barr, Sanir
Campanero, Antonietta
Chatterjee, Chitta
Hackemann, Manfred
Jackson, Leone
Schmidt, Nis
Sung, Yee-Kung
Takats, Laszlo

Residents

Ah-Fat, Louis
Atkinson, Martin
Brownlee, Richard T.
Calder, Agnes
Dufour, Thomas
Hett, Richard
Holden, George
Hulley, William
Hutchinson, Norris
Jesurasingham, Antony
King, Edgar
Leitch, Gary
Mathur, Avdesh
Milobar, Tony
Mitchell, William
O'Callaghan, William
Porayko, Orest
Preston, David
Schloss, Eric
Sereda, Andrew
Shaw, David
Wright, Ian W.
Yan, Paul
Zaragosa, Antonio

Associate Residents

Barber, Neil
Boutin, Laurier G.
Brown, Duncan
Co, Teddy
Cumming, Roger
Cumming, Wilfred
Derbawka, Allen J.
Fanning, Elizabeth
Gilmour, David

Glasgow, Robert
Jacob, Pothen
Jans, Ronald
Kaul, Ditmar
Kim, Byong-Koo
Kozub, Paul
McAleer, Joseph
McCurry, David
Nanjundan, Gopal
O'Brien, Herbert
Parghi, Gautam H.
Raine, Robert
Roberts, Melville
Robinson, Shaun M.
Sait, Zafar
Secter, Barbara
Serrano, Carlos
Siaw, Michael
Smart, Hugh
Strehlke, Claudia
Traub, Gordon
Wagner, John C.
Wheatley, Roderick A.
Wilson, Arthur F.
Zuege, Peter

Senior Assistant

Residents

Akpata, Michael
Anderson, Ronald
Babiuk, Myron
Bland, Roger
Bowen, Richard
Caplan, Barry
Davis, Lyle
Dawson, Thomas
Deliyannides, Charalambos
Dobson, Donald
Donnelly, Patrick
Donnelly, Regina
Fishkin, Alan
Florkowski, Joanne
Greidanus, Thomas
Hatfield, Jack
Heslip, Patrick G.
Hwang, Frances
Irwin, John

James, Donald
Johns, David
Kass, Carol
McPhee, Malcolm
Nakai, Someshawar
Olekshy, John
Popowich, Jack W.
Presser, Jorge
Russell, Kelvin
Sabourin, George J.
Salsberg, Barry
Scriven, Peter
Segundo, Desiderio
Watts, Reginald
Whidden, Peter
Wright, Wayne

Junior Assistant Residents

Campbell, David
Chernenkoff, Ralph
Chung, Byung Ho
Clarke, Margaret
Darby, Ronald
Davies, David
Deutscher, Clive
Dorran, Brian
Escobar, Pedro
Fan, Thay-San
Gardner, Beryl
Gokiart, John
Hopp, Philip
James, Kenneth
Janzen, Herbert
Jirsch, Dennis
Jordan, Rex
Kastelen, Nic
Kohli, Chander
Laing, Ian
Lee, Dick
Lord, Christopher
Louie, Richard
Lucien, Peter
McMillan, Donald
McMurray, Gale
Milliken, Alexander
Morwood, David

Mulholland, Douglas J.
Mundy, Donald
Nixon, George
Patel, Pratap
Robson, Scott
Russell, Donald
Savage, Gerald
Seland, Thomas
Taams, Pieter
Todd, Edmund
Trumper, Michael
Vance, John
Voloshin, Peter
West, Guy
Williams, Dita
Wu, William

Interns

Amundsen, Blair
Arnold, William
Benson, Jean
Craig, David
Davey, Judith
Gomuwka, Patricia
Harder, Edward
Hrudey, William
Jones, Hugh
Karchut, Brian
Kirk, Angus
Laine, Roy E.
McKay, William
Makar, Donald
Mix, Lawrence
Pedegana, Larry R.
Prior, Donald F.
Robins, Ronald
Rogers, Mary
Rorabeck, Cecil H.
Snyder, John
Spady, Donald
Sternberg, Harvey
Stevenson, Mary
Story, Richard
Tang, James
Tyrrell, David
Wood, Benjamin G.
Zedel, Albert



Digitized by the Internet Archive
in 2026 with funding from
Legislative Assembly of Alberta - Alberta Legislature Library

